Remaining compassionate

Tim Dornan
Cleaner and grouper fish
Cleaner and grouper fish
Evolutionary altruism

• Within a group, *individual* altruists are disadvantaged relative to selfish colleagues

• The fitness of a *whole group* is enhanced by the presence of altruists

• Groups composed of selfish organisms go extinct, leaving behind groups containing altruists
This talk addresses two questions:

If altruism has evolutionary benefit and many people show it:

• Why do we need to think about remaining compassionate?
• How can we help doctors remain compassionate?
Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis

2. Axiom: Medicine is hard work and the stakes are high
Learning to work:

• **Social**: takes place, essentially, within work

• **Active**: a process of experiencing, which draws on contributions from within and beyond the individual
  
  • Involves touch, smell, and vision
  
  • Goes beyond simple semantic logic
Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis

2. **Axiom**: Medicine is hard work and the stakes are high

3. **Axiom**: Learning medicine is complex

4. Important parts of learning medicine take place within practice

5. They are poorly defined *Schön 1983; Eraut 2000*
Meanings of emotion words

Without hierarchical distance

**Passion:** suffering, enduring (without complaint)

**Patient:** one who suffers

**Compassion:** suffering with

**Sympathy:** affected by like feelings

*Ambiguous*

**Empathy:** projecting feelings into a person

With hierarchical distance

**Pity:** mercy

... Altruism?
Altruism: disinterested and selfless concern for the wellbeing of others

Synonyms include:
- Self-sacrifice
- Self-denial

“Promoting altruism … is contradictory and misguided. Instead, an approach to clinical care that is pro-social and empathic is recommended”  Burks et al 2012
• Patients must be able to trust doctors with their lives and health
• To justify that respect you must
  – Show respect for human life
  – Make sure your practice meets the (4 types of) standard expected of you
1. Knowledge, skills and performance
  – Make the care of your patient your first concern
The seven principal virtues of the Samurai

- Rectitude
- Courage
- Benevolence
- Politeness
- Honesty
- Honour
- Loyalty
My first question:

1. Why do we need to think about remaining compassionate?
A narrative of emotions in (US) medicine
Who comes into medicine?

• Pro-social attributes
  - Moral superiority
• High social capital
  - Ambitious
  - Able
  - Successful
    - Emotionally and socially in-control
• Competitive

= Vulnerable
Challenges to compassion

‘Position’ o

(Student) doctor’s

‘Regard’ towards patients
Identifying with a valued social position

+ Being able to access one

+ Being able to act in one

= Higher position

= Positive emotion (and vice versa)
Challenges to compassion

‘Position’ o

‘Regard’ towards patients

(Student) doctor’s Emotional ‘valence’
Challenges to compassion

- Challenges to compassion involve the balance between emotional valence and regard towards patients.

- The graph illustrates the relationship between 'Position' and 'Regard' towards patients, with a scale from negative to positive emotional valence.

- The diagram shows a range of possible interactions, highlighting the importance of maintaining a positive regard to ensure compassionate care.

- Queen's University Belfast logo is present on the page.
Challenges to compassion

'Position' o

Emotional 'valence'

Love
Joy
Hope
Concern
Reward
Satisfaction

'Regard' towards patients
Challenges to compassion

'Regard' towards patients

Emotional 'valence'

Recklessness

Burnout

‘Regard’ towards patients
Medical student trajectory

- Position: +
- Regard: -
- Emotional valence: +

Having a role
Identifying
Feeling:
- rewarded
- satisfied
- like a doctor

‘Position’ o
‘Regard’ towards patients
‘Emotional ‘valence’
Medical students’ trajectory

‘Position’ o

Having no role
Dis-identifying
Feeling;
- ashamed
- disgusted
- humiliated
(Grief)

‘Regard’ towards patients

Emotional ‘valence’
Doctors’ trajectory

‘Position’ o

'Emotional 'valence’

‘Regard’ towards patients
Doctors’ trajectory

`Position` o

`Regard` towards patients

Emotional `valence`

- Not identifying

0
<table>
<thead>
<tr>
<th>Category</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psycho-physiological</strong></td>
<td>- Excessive workload</td>
</tr>
<tr>
<td></td>
<td>- Fatigue</td>
</tr>
<tr>
<td></td>
<td>- Stress</td>
</tr>
<tr>
<td></td>
<td>- Boredom</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>- Lack of outside life</td>
</tr>
<tr>
<td></td>
<td>- Litigation and complaints</td>
</tr>
<tr>
<td><strong>Moral distress</strong></td>
<td>- Messiness/ambiguity of medicine</td>
</tr>
<tr>
<td></td>
<td>- Frustration and anger</td>
</tr>
<tr>
<td></td>
<td>- Patients’ self-destruction</td>
</tr>
<tr>
<td></td>
<td>- Fear (of doing harm)</td>
</tr>
<tr>
<td></td>
<td>- Grief and helplessness</td>
</tr>
<tr>
<td></td>
<td>- Disgust</td>
</tr>
<tr>
<td></td>
<td>- Failure</td>
</tr>
<tr>
<td><strong>Existential challenge</strong></td>
<td>- Existential challenge</td>
</tr>
</tbody>
</table>

The diagram shows a graph with 'Regard' towards patients on one axis and 'Emotional valence' on the other. The graph illustrates the impact of various factors on emotional valence, ranging from positive (+) to negative (-).
Effects

- Pragmatism; ‘getting by’
- Emotional
  - blunting
  - distance
- Disrespectful language and humour
- Depression
- Anger
  - blame
- Disillusionment
- Abuse of alcohol or other substances
2. How can we help doctors remain compassionate?
Outline of part 3

• Dos and Don’ts
• Managing
  – Workload
  – Emotions
Dos and Don’ts

**Do:** Messy – affective – personal
- Be supportive – particularly to trainees
- Be a good doctor

**Don’t:** Tidy – cognitive – impersonal

Tangle with:
- Measuring or training emotions
  - Emotional intelligence
  - Empathy
- Fatigue management
• Dos and Don’ts

• Managing
  – Workload
  – Emotions
• After tiring periods of on-call, residents made trade-offs between recovery of:
  – Sleep
  – Self

• It is important for at least some to:
  – Maintain a normal life
  – Stay connected with clinical problems
  – Learn
### Subjective nature of workload  *Nishigori et al (in peer review)*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Heavier</th>
<th>Lighter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional interaction</td>
<td>Isolation</td>
<td>Interaction</td>
</tr>
<tr>
<td>Patients</td>
<td>Unappreciative or critical</td>
<td>Appreciative</td>
</tr>
<tr>
<td>Control</td>
<td>At the mercy of the system</td>
<td>In control</td>
</tr>
<tr>
<td>Education</td>
<td>Learning less</td>
<td>Learning more</td>
</tr>
<tr>
<td>Private life</td>
<td>Worse</td>
<td>Better</td>
</tr>
<tr>
<td>Nature of work</td>
<td>Dull</td>
<td>Interesting</td>
</tr>
<tr>
<td>Free time</td>
<td>Unprotected</td>
<td>Protected</td>
</tr>
</tbody>
</table>
### Subjective nature of workload

*Nishigori et al (in peer review)*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Heavier</th>
<th>Lighter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional interaction</td>
<td>Isolation</td>
<td>Interaction</td>
</tr>
<tr>
<td>Patients</td>
<td>Unappreciative or critical</td>
<td>Appreciative</td>
</tr>
<tr>
<td>Control</td>
<td>At the mercy of the system</td>
<td>In control</td>
</tr>
<tr>
<td>Education</td>
<td>Learning less</td>
<td>Learning more</td>
</tr>
<tr>
<td>Private life</td>
<td>Worse</td>
<td>Better</td>
</tr>
<tr>
<td>Nature of work</td>
<td>Dull</td>
<td>Interesting</td>
</tr>
<tr>
<td>Free time</td>
<td>Unprotected</td>
<td>Protected</td>
</tr>
</tbody>
</table>
• Dos and Don’ts
• Managing
  – Workload
  – Emotions
There can be no knowledge without emotion
Arnold Bennett

• Alexithymia = difficulty recognizing, processing, and regulating emotions
• Doctors tend to mistrust emotions; distance themselves from them; function solely at a cognitive level
• “Working skillfully with emotions”
Guilt and shame
Bynum 2014; Fraser 2014

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Response to ..</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilt</td>
<td>An action</td>
<td>“reparation”; prosocial;</td>
</tr>
<tr>
<td>Shame</td>
<td>A perceived flaw in oneself</td>
<td>Reparation cannot fix the flaw; antisocial;</td>
</tr>
</tbody>
</table>

Three preventive measures
- Acknowledge shame and guilt in learners
- Avoid humiliation
- Leverage effective feedback
• The most fundamental responsibility of doctors is to relieve suffering (‘passion’)
  – Doctors’ and patients’ ‘selves’ in a reciprocal relationship
  – Empathy is in tension with self-protection
This talk addresses two questions: If altruism has evolutionary benefit and many people show it:

- Why do we need to think about remaining compassionate?
- How can we help doctors remain compassionate?
Helping doctors remain compassionate

- Provide a reasonable workload in warm and well-structured surroundings
- Interact
- Encourage them to come to terms with their emotional selves
- When things go wrong:
  - “What you did” rather than “who you are”
- “Work skillfully with emotions”
The secret of the care of the patient is in caring for the patient

Francis Peabody 1927